

**DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing  
**OR**  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	32256
First Named Inventor	Debra L. Callahan
<b>COMPLETE IF KNOWN</b>	
Application Number	10/673,920
Filing Date	09/29/03
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DECORATIVE EYEGLASS LENS, METHOD AND RELATED EYEWEAR**

*(Title of the Invention)*

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 09/29/03 as United States Application Number or PCT International Application Number 10/673,920 and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet TPO/SB/02B attached hereto.

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**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number \_\_\_\_\_ OR

☒ Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
Herbert L. Allen	25,322	Paul J. Ditmyer	40,455
Christopher F. Regan	34,906	Michael W. Taylor	43,182
David S. Sigalow	36,006	John F. Woodson, II	45,236
Richard K. Warther	32,180		
Carl M. Napolitano	37,405		
Enrique G. Estévez	37,823		
Jacqueline E. Hartt	37,845		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number \_\_\_\_\_ OR ☒ Correspondence address below  
or Bar Code Label \_\_\_\_\_

Name	Herbert L. Allen				
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City/State/Zip	Orlando, Florida 32802-3791				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

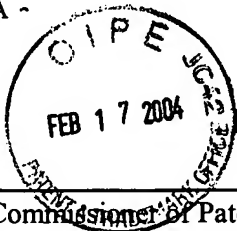
**Name of Sole or First Inventor** ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle — [if any]) Family Name or Surname

Debra L. Callahan

Inventor's Signature	<i>Debra L. Callahan</i>		Date	1/24/04	
Residence	Ormond Beach, FL	Country	US	Citizenship	US
Post Office Address	2887 John Anderson Drive				
City/State/Zip	Ormond Beach, FL 32174			Country	US

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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- ☐ Merger      ☐ Other
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- ☐ Departmental File      ☐ Secret File

**Conveying Party(ies)**

☐ Mark if additional names of conveying parties attached

Execution Date  
Month Day Year  
**January 24, 2004**

Name (line 1) Debra L. Callahan

Name (line 2) \_\_\_\_\_

Name (line 3) \_\_\_\_\_

Name (line 4) \_\_\_\_\_

Execution Date  
Month Day Year

**Receiving Party**

☐ Mark if additional names of receiving parties attached

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• Name (line 1) Capo, Inc.

Name (line 2) \_\_\_\_\_

Address (line 1) 2 Sunshine Boulevard

Address (line 2) \_\_\_\_\_

Address (line 3) Ormond Beach, Florida 32174

City      State or Country      Zip Code

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name \_\_\_\_\_

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